

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Humanity Forward Fund

ADDRESS (number and street)

1787 Tribute Road, Suite K

Check if different  
than previously  
reported. (ACC)

Sacramento

CA

95815

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00712497

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

02

01

2020

02

29

2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lutz, Kim, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Lutz, Kim, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

18

2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Humanity Forward Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y  
02 / 29 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2020</span>		<span style="border: 1px solid black; padding: 2px;">110546.70</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">509573.98</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">20293.97</span>	<span style="border: 1px solid black; padding: 2px;">673243.20</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">529867.95</span>	<span style="border: 1px solid black; padding: 2px;">783789.90</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">257988.74</span>	<span style="border: 1px solid black; padding: 2px;">511910.69</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">271879.21</span>	<span style="border: 1px solid black; padding: 2px;">271879.21</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">22499.42</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Humanity Forward Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
02	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
02	/	29	/	2020

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15778.60

641024.40

(ii) Unitemized .....

3852.44

28826.92

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

19631.04

669851.32

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

19631.04

669851.32

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

658.56

3386.56

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

4.37

5.32

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

20293.97

673243.20

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

20293.97

673243.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	184686.50	309825.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	184686.50	309825.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	73236.84	201519.48
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	65.40	565.40
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	257988.74	511910.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	257988.74	511910.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19631.04	669851.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19631.04	669851.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	184686.50	309825.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	658.56	3386.56
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	184027.94	306439.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Helen, , ,**

Mailing Address 1506 22nd Avenue East

City  
Seattle

State  
WA

Zip Code  
98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2020

**Transaction ID : IDTA3237**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue California**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

**Transaction ID : INCA486IDTA3237**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chao, Sambo, , ,**

Mailing Address 3830 Mendocino Court

City  
West Sacramento

State  
CA

Zip Code  
95691

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State of California

Occupation (for Individual)  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

362.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2020

**Transaction ID : IDTA3209**

Amount of Each Receipt this Period

120.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.20

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3237

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA486IDTA3237

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3209

Earmarked through ActBlue

Form/Schedule:

Transaction ID:



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2020

Transaction ID : INCA488IDTA3209

Amount of Each Receipt this Period

120.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chao, Sambo, , ,**

Mailing Address 3830 Mendocino Court

City

West Sacramento

State  
CAZip Code  
95691FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State of CaliforniaOccupation (for Individual)  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3468

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City

Somerville

State  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3468

Amount of Each Receipt this Period

2.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA488IDTA3209

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3468

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3468

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cone, Christopher, , ,

Mailing Address 3535 Sterne Street

City  
San DiegoState  
CAZip Code  
92106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Payonix

Occupation (for Individual)

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2020

Transaction ID : IDTA3211

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2020

Transaction ID : INCA488IDTA3211

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cone, Christopher, , ,

Mailing Address 3535 Sterne Street

City  
San DiegoState  
CAZip Code  
92106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Payonix

Occupation (for Individual)

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2020

Transaction ID : IDTA3212

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3211

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA488IDTA3211

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3212

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue California**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2020

**Transaction ID : INCA488IDTA3212**

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Connell, John, , ,**

Mailing Address 4244 Preserve Place

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2020

**Transaction ID : IDTA3372**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue California**

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2020

**Transaction ID : INCA498IDTA3372**

Amount of Each Receipt this Period

5.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA488IDTA3212

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3372

Earmarked through ActBlue



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3372

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fisher, Audrey, , ,

Mailing Address 1616 NE 16th Way, #D218

City  
GreshamState  
ORZip Code  
97030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosemary Anderson High SchoolOccupation (for Individual)  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : IDTA3263

Amount of Each Receipt this Period

- 500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3263

Amount of Each Receipt this Period

- 500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Good, Otavio, , ,

Mailing Address 501 Forest Avenue, Apt. 705

City  
Palo AltoState  
CAZip Code  
94301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2020

Transaction ID : IDTA3276

Amount of Each Receipt this Period

384.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

- 116.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3263

Earmarked through ActBlue - Contribution Refunded

Form/Schedule: SA11AI

Transaction ID: INCA486IDTA3263

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3276

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ActBlue California**

Mailing Address 366 Summer Street

City  
 Somerville

State  
 MA

Zip Code  
 02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2020

**Transaction ID : INCA498IDTA3276**

Amount of Each Receipt this Period

384.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Good, Otavio, , ,**

Mailing Address 501 Forest Avenue, Apt. 705

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
 n/a

Occupation (for Individual)  
 Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2020

**Transaction ID : NONA296**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

In-Kind Contribution-Advertisement Web Tools

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**c. Hong, Qi-Zhong, , ,**

Mailing Address 4621 Deer Valley Lane

City

Richardson

State

TX

Zip Code

75082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
 TI Engineering

Occupation (for Individual)  
 Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2020

**Transaction ID : IDTA3222**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3276

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3222

Earmarked through ActBlue

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3222

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hsu, Sin Fang, , ,**

Mailing Address 4305 215th Place

City  
BaysideState  
NYZip Code  
11361FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IndetailOccupation (for Individual)  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1420.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2020

Transaction ID : IDTA3277

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3277

Amount of Each Receipt this Period

400.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA486IDTA3222

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3277

Earmarked through ActBlue



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3277

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Huelskamp, Tim, , ,

Mailing Address 691 Pleasant Ridge Road

City

Fairview Heights

State

IL

Zip Code

62208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CenturyLink

Occupation (for Individual)

Technical Service Engineer

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2020

Transaction ID : IDTA3223

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3223

Amount of Each Receipt this Period

25.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huelskamp, Tim, , ,

Mailing Address 691 Pleasant Ridge Road

City

Fairview Heights

State

IL

Zip Code

62208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CenturyLink

Occupation (for Individual)

Technical Service Engineer

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3494

Amount of Each Receipt this Period

2.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

27.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3223

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA486IDTA3223

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3494

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3494

Amount of Each Receipt this Period

20.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jiang, Ming Tao, , ,**

Mailing Address 1904 Patriot Drive

City  
WausauState  
WIZip Code  
54403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ming Tao JiangOccupation (for Individual)  
Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3499

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3499

Amount of Each Receipt this Period

20.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3494

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3499

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3499

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jiang, Ming Tao, , ,

Mailing Address 1904 Patriot Drive

City  
WausauState  
WIZip Code  
54403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ming Tao Jiang

Occupation (for Individual)

Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3498

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3498

Amount of Each Receipt this Period

100.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kenoyer, Michael Lee, , ,

Mailing Address 4601 Candle Ridge Drive

City  
AustinState  
TXZip Code  
78731FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

70040.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

Transaction ID : IDTA3256

Amount of Each Receipt this Period

10020.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

10120.20

TOTAL This Period (last page this line number only).....▶



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3498

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA498IDTA3498

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3256

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3256

Amount of Each Receipt this Period

10020.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kim, Devon, , ,**

Mailing Address 2913 19th Street South

City  
ArlingtonState  
VAZip Code  
22204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ElasticOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2020

Transaction ID : INCA613

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kim, Jiah, , ,**

Mailing Address 8610 S. Maryland Parkway, #1135

City  
Las VegasState  
NVZip Code  
89123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jiah Kim & Associates, P.C.Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2020

Transaction ID : IDTA3637

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1200.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA486IDTA3256

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3637

Earmarked through ActBlue

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue California**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

**Transaction ID : INCA5711DTA3637**

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Kim, Unkyu, , ,**

Mailing Address 707 Clove Lane

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2020

**Transaction ID : IDTA3243**

Amount of Each Receipt this Period

120.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue California**

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

**Transaction ID : INCA486IDTA3243**

Amount of Each Receipt this Period

120.20

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

120.20

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA571IDTA3637

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3243

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA486IDTA3243

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Kim, Unkyu, , ,**

Mailing Address 707 Clove Lane

City  
Franklin Lakes

State  
NJ

Zip Code  
07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3502

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ActBlue California**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3502

Amount of Each Receipt this Period

2.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Lai, Trung, , ,**

Mailing Address 41 Grandview Street, Apt. 207

City  
Santa Cruz

State  
CA

Zip Code  
95060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pacific Collegiate School

Occupation (for Individual)  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2020

Transaction ID : IDTA3239

Amount of Each Receipt this Period

120.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

122.20



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3502

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA498IDTA3502

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3239

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3239

Amount of Each Receipt this Period

120.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lee, Michael, , ,**

Mailing Address 8584 Washington Street, #2066

City  
Chagrin FallsState  
OHZip Code  
44023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AmTRrstOccupation (for Individual)  
Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : IDTA3603

Amount of Each Receipt this Period

- 1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3603

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA486IDTA3239

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3603

Earmarked through ActBlue - Contribution Refunded

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3603

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Li, Christopher, , ,**

Mailing Address 1420 NW Gilman Blvd., Suite 2 #804

City  
 Issaquah

State  
 WA

Zip Code  
 98027

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
 Facebook, Inc.

Occupation (for Individual)  
 Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1022.20

Date of Receipt

**02** / **15** / **2020**

**Transaction ID : IDTA3509**

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ActBlue California**

Mailing Address 366 Summer Street

City  
 Somerville

State  
 MA

Zip Code  
 02144

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

**02** / **16** / **2020**

**Transaction ID : INCA498IDTA3509**

Amount of Each Receipt this Period

2.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. O'Neil, Erin, , ,**

Mailing Address 385 Ela Road

City  
 Iverness

State  
 IL

Zip Code  
 60067

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
 n/a

Occupation (for Individual)  
 Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

242.40

Date of Receipt

**02** / **13** / **2020**

**Transaction ID : IDTA3335**

Amount of Each Receipt this Period

2.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

4.00

**TOTAL** This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3509

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA498IDTA3509

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : IDTA3335

Earmarked through ActBlue

Form/Schedule:  
Transaction ID:



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3335

Amount of Each Receipt this Period

2.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Sergio, , ,**

Mailing Address 321 Wythe Avenue, Apt. 508

City  
BrooklynState  
NYZip Code  
11249FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DataStaxOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2020

Transaction ID : IDTA3428

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3428

Amount of Each Receipt this Period

10.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3335

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3428

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3428

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roye, Benjamin, , ,

Mailing Address 15477 Bancroft Road

City  
AuburnState  
CAZip Code  
95602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

Transaction ID : IDTA3657

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

Transaction ID : INCA571IDTA3657

Amount of Each Receipt this Period

2.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sakonchick, Chad, , ,

Mailing Address 40 N. Interstate Highway 35, #2B1

City  
AustinState  
TXZip Code  
78701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BetterLegalOccupation (for Individual)  
Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2020

Transaction ID : IDTA3658

Amount of Each Receipt this Period

515.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

517.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3657

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA571IDTA3657

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3658

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 151

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : INCA5711DTA3658

Amount of Each Receipt this Period

515.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shen, Dennis, , ,**

Mailing Address 101 Westridge Parkway, #205

City  
VeronaState  
WIZip Code  
53593FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EpicOccupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.40

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		13		2020

Transaction ID : IDTA3350

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		16		2020

Transaction ID : INCA498IDTA3350

Amount of Each Receipt this Period

2.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA571IDTA3658

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3350

Earmarked through ActBlue



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3350

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 151

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sobel, Corey, , ,**

Mailing Address 241 Hockney Avenue

City

Mountain View

State

CA

Zip Code

94041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Quora

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2020

**Transaction ID : IDTA3215**

Amount of Each Receipt this Period

1020.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue California**

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2020

**Transaction ID : INCA488IDTA3215**

Amount of Each Receipt this Period

1020.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. To, Phat, , ,**

Mailing Address 1614 S. 20th Street

City

Philadelphia

State

PA

Zip Code

19145

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Local Union 19

Occupation (for Individual)

Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2020

**Transaction ID : IDTA3232**

Amount of Each Receipt this Period

120.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1140.40

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3215

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA488IDTA3215

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : IDTA3232

Earmarked through ActBlue

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue California**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

**Transaction ID : INCA486IDTA3232**

Amount of Each Receipt this Period

120.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Tom, Keith, , ,**

Mailing Address 380 Alabama Street, Apt. 3

City

San Francisco

State  
CA

Zip Code  
94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21025.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2020

**Transaction ID : IDTA3665**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue California**

Mailing Address 366 Summer Street

City

Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

**Transaction ID : INCA571IDTA3665**

Amount of Each Receipt this Period

5.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA486IDTA3232

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3665

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA571IDTA3665

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 151

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tse, Jackson, , ,

Mailing Address 1860 S. Oakland Avenue

City  
Ontario

State  
CA

Zip Code  
91762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
East Valley Community Health Center

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

Transaction ID : IDTA3261

Amount of Each Receipt this Period

20.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3261

Amount of Each Receipt this Period

20.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wangkeo, Boworndej, , ,

Mailing Address 4 Martine Avenue

City  
White Plains

State  
NY

Zip Code  
10606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boworndej Wangkeo

Occupation (for Individual)  
TV Props Person

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1365.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3547

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25.20



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3261

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA486IDTA3261

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3547

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue California**

Mailing Address 366 Summer Street

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

**Transaction ID : INCA498IDTA3547**

Amount of Each Receipt this Period

5.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Wei, Jennifer, , ,**

Mailing Address 2235 Melville Drive

City

San Marino

State

CA

Zip Code

91108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

**Transaction ID : IDTA3549**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue California**

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

**Transaction ID : INCA498IDTA3549**

Amount of Each Receipt this Period

20.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3547

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3549

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3549

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wong, Jr., Peter, , ,

Mailing Address 19265 Allandale Drive

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EmCentrix

Occupation (for Individual)

IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2020

Transaction ID : IDTA3669

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

Transaction ID : INCA571IDTA3669

Amount of Each Receipt this Period

10.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zhang, Aiwu, , ,

Mailing Address 228 Faggs Manor Road

City

Cochranville

State

PA

Zip Code

19330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Pennsylvania

Occupation (for Individual)

Research Biologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2020

Transaction ID : IDTA3235

Amount of Each Receipt this Period

220.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

230.20

TOTAL This Period (last page this line number only).....▶

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3669

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA571IDTA3669

Total earmarked through Conduit PAC limit not affected

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3235

Earmarked through ActBlue

Form/Schedule:

Transaction ID:



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3235

Amount of Each Receipt this Period

220.20

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zhang, James, , ,**

Mailing Address 13400 Briarwick Drive, #2401

City  
AustinState  
TXZip Code  
78729FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IndeedOccupation (for Individual)  
Website Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2502.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2020

Transaction ID : IDTA3558

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue California**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2020

Transaction ID : INCA498IDTA3558

Amount of Each Receipt this Period

2.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA486IDTA3235

Total earmarked through Conduit PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IDTA3558

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA498IDTA3558

Total earmarked through Conduit PAC limit not affected

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zhao, Yi, , ,

Mailing Address 13763 173rd Place SE

City  
RentonState  
WAZip Code  
98059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ebay

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2020

Transaction ID : IDTA3236

Amount of Each Receipt this Period

202.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue California

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247151.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

Transaction ID : INCA486IDTA3236

Amount of Each Receipt this Period

202.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

202.00

TOTAL This Period (last page this line number only).....▶

15778.60

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA3236

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA486IDTA3236

Total earmarked through Conduit PAC limit not affected

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 151  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. Quality Inn & Suites Mason City

Mailing Address 410 5th Street SW

City State Zip Code  
Mason City IA 50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

Transaction ID : INCA615

Amount of Each Receipt this Period

76.16

☐ Memo Item  
Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. Quality Inn & Suites Mason City

Mailing Address 410 5th Street SW

City State Zip Code  
Mason City IA 50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

Transaction ID : INCA616

Amount of Each Receipt this Period

582.40

☐ Memo Item  
Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

658.56

658.56

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2020

FEC Identification Number

C

Transaction ID : EXPB489

Amount of Each Disbursement this Period

88.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2020

FEC Identification Number

C

Transaction ID : EXPB625

Amount of Each Disbursement this Period

487.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2020

FEC Identification Number

C

Transaction ID : EXPB570

Amount of Each Disbursement this Period

75.67

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

652.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

FEC Identification Number

C

Transaction ID : EXPB572

Amount of Each Disbursement this Period

51.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2020

FEC Identification Number

C

Transaction ID : EXPB574

Amount of Each Disbursement this Period

3.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

FEC Identification Number

C

Transaction ID : EXPB434

Amount of Each Disbursement this Period

21827.31

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

21882.91



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Baymont Inn & Suites of Le Mars**

Mailing Address 1314 12th Street SW

City  
Le MarsState  
IAZip Code  
51031Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB123EXP

Amount of Each Disbursement this Period

517.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Country Inn & Suites by Radisson**

Mailing Address 2042 IA-9

City  
DecorahState  
IAZip Code  
52101Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB124EXP

Amount of Each Disbursement this Period

655.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Expedia**

Mailing Address 333 108th Avenue NE

City  
BellevueState  
WAZip Code  
98004Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB126EXI

Amount of Each Disbursement this Period

307.38

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 OF 151

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name (Last, First, Middle Initial)

## **A. Graduate Iowa City**

Mailing Address 210 S. Dubuque Street

City  
Iowa City

State  
IA

Zip Code  
52240

Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

FEC Identification Number

C

Transaction ID : EDTB127EXP

Amount of Each Disbursement this Period

9882.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Hampton Inn & Suites Davenport, Iowa**

Mailing Address 5290 Utica Ridge Road

City  
Davenport

State  
IA

Zip Code  
52807

Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

FEC Identification Number

C

Transaction ID : EDTB125EXP

Amount of Each Disbursement this Period

8226.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason City

State  
IA

Zip Code  
50401

Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

FEC Identification Number

C

Transaction ID : EDTB128EXI

Amount of Each Disbursement this Period

1310.40

☒ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 OF 151

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name (Last, First, Middle Initial)

## **A. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
Kennesaw

State  
GA

Zip Code  
30144

Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

FEC Identification Number

C

**Transaction ID : EXPB440**

Amount of Each Disbursement this Period

13629.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AirTkt**

Mailing Address 117 W. 9th Street

City  
Los Angeles

State  
CA

Zip Code  
90015

Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

FEC Identification Number

C

**Transaction ID : EDTB132EXP**

Amount of Each Disbursement this Period

884.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Courtyard by Marriott Omaha East/Council Bluffs**

Mailing Address 2501 Bass Pro Drive

City  
Council Bluffs

State  
IA

Zip Code  
51501

Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

FEC Identification Number

C

**Transaction ID : EDTB182EXI**

Amount of Each Disbursement this Period

5867.79

☒ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13629.88

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. New Victorian Inn & Suites Sioux**

Mailing Address 3101 Singing Hills Blvd.

City  
Sioux CityState  
IAZip Code  
51106Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB131EXP

Amount of Each Disbursement this Period

2257.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Quality Inn & Suites Burlington**

Mailing Address 3051 Kirkwood Street

City  
BurlingtonState  
IAZip Code  
52601Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB129EXP

Amount of Each Disbursement this Period

2727.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Super 8 Oskaloosa**

Mailing Address 306 S. 17th Street

City  
OskaloosaState  
IAZip Code  
52577Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB130EXI

Amount of Each Disbursement this Period

1892.80

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB490

Amount of Each Disbursement this Period

12636.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Courtyard by Marriott Omaha East/Council Bluffs**

Mailing Address 2501 Bass Pro Drive

City  
Council BluffsState  
IAZip Code  
51501Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB183EXP

Amount of Each Disbursement this Period

309.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Days Inn & Suites by Wyndham Des Moines**

Mailing Address 1901 Hackley Avenue

City  
Des MoinesState  
IAZip Code  
50315Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB135EXI

Amount of Each Disbursement this Period

735.75

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

12636.51

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Gold Coast Hotel & Casino**

Mailing Address 4000 W. Flamingo Road

City  
Las VegasState  
NVZip Code  
89103Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB133EXP

Amount of Each Disbursement this Period

8848.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SureStay Plus Hotel**

Mailing Address 1981 Terminal Way

City  
RenoState  
NVZip Code  
89502Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB134EXP

Amount of Each Disbursement this Period

377.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB502

Amount of Each Disbursement this Period

4347.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4347.51

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Courtyard by Marriott Omaha East/Council Bluffs**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

Mailing Address 2501 Bass Pro Drive

City  
Council BluffsState  
IAZip Code  
51501Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EDTB181EXP

Amount of Each Disbursement this Period

2102.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

Mailing Address 1030 Delta Blvd.

City  
AtlantaState  
GAZip Code  
30354Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EDTB167EXP

Amount of Each Disbursement this Period

328.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Frontier Airlines**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

Mailing Address 7001 Tower Road

City  
DenverState  
COZip Code  
80249Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EDTB166EXI

Amount of Each Disbursement this Period

388.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. New Victorian Inn & Suites Sioux**

Mailing Address 3101 Singing Hills Blvd.

City  
Sioux CityState  
IAZip Code  
51106Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB169EXP

Amount of Each Disbursement this Period

1128.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAP Air**

Mailing Address 263 Lafayette Street

City  
NewarkState  
NJZip Code  
07105Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB180EXP

Amount of Each Disbursement this Period

400.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB508

Amount of Each Disbursement this Period

10416.30

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

10416.30

TOTAL This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Fairfield Inn & Suites**

Mailing Address 120 Blarney Drive

City  
ColumbiaState  
SCZip Code  
29223Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB136EXP

Amount of Each Disbursement this Period

478.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Graduate Iowa City**

Mailing Address 210 S. Dubuque Street

City  
Iowa CityState  
IAZip Code  
52240Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB137EXP

Amount of Each Disbursement this Period

8050.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. New Victorian Inn & Suites Sioux**

Mailing Address 3101 Singing Hills Blvd.

City  
Sioux CityState  
IAZip Code  
51106Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB138EXI

Amount of Each Disbursement this Period

211.65

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB679

Amount of Each Disbursement this Period

1414.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Card Services Center**

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144Purpose of Disbursement  
Over Payment Made in Error - To Be Credited

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB513

Amount of Each Disbursement this Period

8728.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB483

Amount of Each Disbursement this Period

21526.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

31670.16

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd.

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB148EXP

Amount of Each Disbursement this Period

370.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Avis Budget Car Rental, LLC**

Mailing Address 6 Sylvan Way

City  
ParsippanyState  
NJZip Code  
07054Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB153EXP

Amount of Each Disbursement this Period

471.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Avis Budget Car Rental, LLC**

Mailing Address 6 Sylvan Way

City  
ParsippanyState  
NJZip Code  
07054Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB147EXI

Amount of Each Disbursement this Period

699.35

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Avis Budget Car Rental, LLC**

Mailing Address 6 Sylvan Way

City  
ParsippanyState  
NJZip Code  
07054Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB157EXP

Amount of Each Disbursement this Period

156.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd.

City  
AtlantaState  
GAZip Code  
30354Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB156EXP

Amount of Each Disbursement this Period

370.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Expedia**

Mailing Address 333 108th Avenue NE

City  
BellevueState  
WAZip Code  
98004Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB149EXI

Amount of Each Disbursement this Period

378.40

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Expedia**

Mailing Address 333 108th Avenue NE

City  
BellevueState  
WAZip Code  
98004Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB154EXP

Amount of Each Disbursement this Period

370.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Graduate Iowa City**

Mailing Address 210 S. Dubuque Street

City  
Iowa CityState  
IAZip Code  
52240Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB152EXP

Amount of Each Disbursement this Period

8417.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. New Victorian Inn & Suites Sioux**

Mailing Address 3101 Singing Hills Blvd.

City  
Sioux CityState  
IAZip Code  
51106Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB151EXI

Amount of Each Disbursement this Period

2963.10

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Quality Inn & Suites Burlington**

Mailing Address 3051 Kirkwood Street

City  
BurlingtonState  
IAZip Code  
52601Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB145EXP

Amount of Each Disbursement this Period

930.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Drive

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB155EXP

Amount of Each Disbursement this Period

343.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Drive

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB150EXI

Amount of Each Disbursement this Period

328.20

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. The Pzazz Hotels**

Mailing Address 3001 Winegard Drive

City  
BurlingtonState  
IAZip Code  
52601Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB144EXP

Amount of Each Disbursement this Period

1922.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Travelocity**

Mailing Address 5400 LBJ Freeway, Suite 500

City  
DallasState  
TXZip Code  
75240Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB146EXP

Amount of Each Disbursement this Period

687.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB482

Amount of Each Disbursement this Period

4319.54

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4319.54

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. HotHands**

Mailing Address P.O. Box 1191

City  
DaltonState  
GAZip Code  
30722Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB143EXP

Amount of Each Disbursement this Period

4299.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB479

Amount of Each Disbursement this Period

1720.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Caddy's Kitchen & Cocktails**

Mailing Address 103 W. Broadway

City  
Council BluffsState  
IAZip Code  
51503Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB140EXI

Amount of Each Disbursement this Period

250.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

1720.54

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Four Brothers Grill & Bar**

Mailing Address 3322 Singing Hills Blvd.

City  
Sioux CityState  
IAZip Code  
51106Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB141EXP

Amount of Each Disbursement this Period

240.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rush Werks**

Mailing Address 3828 Stadium Drive

City  
Sioux CityState  
IAZip Code  
51106Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB142EXP

Amount of Each Disbursement this Period

251.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Shipping

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB480

Amount of Each Disbursement this Period

1138.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1138.97

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address 55 Glenlake Parkway NE

City  
AtlantaState  
GAZip Code  
30328Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB139EXP

Amount of Each Disbursement this Period

1138.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Subscriptions

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB481

Amount of Each Disbursement this Period

266.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB492

Amount of Each Disbursement this Period

1626.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1892.87

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. The Poke Company**

Mailing Address 300 W. Martin Luther King Jr. Park

City  
Des MoinesState  
IAZip Code  
50309Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB95EXPE

Amount of Each Disbursement this Period

280.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Website

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB496

Amount of Each Disbursement this Period

53.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Subscriptions

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB494

Amount of Each Disbursement this Period

212.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

266.24

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Humanity Forward Fund**

Full Name (Last, First, Middle Initial)

**A. Google Suite**

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Subscriptions

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB89EXPE

Amount of Each Disbursement this Period

108.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WP Engine**

Mailing Address 504 Lavaca Street, Suite 1000

City  
AustinState  
TXZip Code  
78701Purpose of Disbursement  
Subscriptions

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB90EXPE

Amount of Each Disbursement this Period

103.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB493

Amount of Each Disbursement this Period

1067.88

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1067.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address 55 Glenlake Parkway NE

City  
AtlantaState  
GAZip Code  
30328Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB88EXPE

Amount of Each Disbursement this Period

1067.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cohen, Lawrence, , ,**

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB495

Amount of Each Disbursement this Period

25818.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Avis Budget Car Rental, LLC**

Mailing Address 6 Sylvan Way

City  
ParsippanyState  
NJZip Code  
07054Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB91EXPI

Amount of Each Disbursement this Period

22971.64

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

25818.77

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Baymont Inn & Suites of Le Mars**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0					2	0	2

Mailing Address 1314 12th Street SW

City  
Le MarsState  
IAZip Code  
51031Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EDTB94EXPE

Amount of Each Disbursement this Period

2429.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Days Inn & Suites by Wyndham Des Moines**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0					2	0	2

Mailing Address 1901 Hackley Avenue

City  
Des MoinesState  
IAZip Code  
50315Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EDTB92EXPE

Amount of Each Disbursement this Period

291.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cohen, Lawrence, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1					2	0	2

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB501

Amount of Each Disbursement this Period

15965.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15965.77

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Avis Budget Car Rental, LLC**

Mailing Address 6 Sylvan Way

City  
ParsippanyState  
NJZip Code  
07054Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB160EXP

Amount of Each Disbursement this Period

2287.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Comfort Inn & Suites Waterloo**

Mailing Address 2011 Laporte Road

City  
WaterlooState  
IAZip Code  
50702Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB163EXP

Amount of Each Disbursement this Period

4132.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Country Inn & Suites by Radisson**

Mailing Address 2042 IA-9

City  
DecorahState  
IAZip Code  
52101Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1				2	0	2	0

FEC Identification Number

C

Transaction ID : EDTB165EXI

Amount of Each Disbursement this Period

1974.40

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Quality Inn & Suites Burlington**

Mailing Address 3051 Kirkwood Street

City  
BurlingtonState  
IAZip Code  
52601Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB161EXP

Amount of Each Disbursement this Period

4045.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB162EXP

Amount of Each Disbursement this Period

1965.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Super 8 Oskaloosa**

Mailing Address 306 S. 17th Street

City  
OskaloosaState  
IAZip Code  
52577Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB164EXI

Amount of Each Disbursement this Period

1528.80

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

A. Cohen, Seth Adam, , ,

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB540

Amount of Each Disbursement this Period

472.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hy-Vee, Inc.

Mailing Address 5820 Westown Parkway

City  
West Des MoinesState  
IAZip Code  
50266Purpose of Disbursement  
Food/Beverages

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB87EXPE

Amount of Each Disbursement this Period

262.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Cohen, Seth Adam, , ,

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB539

Amount of Each Disbursement this Period

1576.09

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2048.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Drive

City  
ChicagoState  
ILZip Code  
60606Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB86EXPE

Amount of Each Disbursement this Period

1340.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deane & Company**

Mailing Address 1787 Tribute Road, Suite K

City  
SacramentoState  
CAZip Code  
95815Purpose of Disbursement  
Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB545

Amount of Each Disbursement this Period

3376.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Demarse, Kimberly, , ,**

Mailing Address 512 Rose Avenue, Unit 223

City  
VeniceState  
CAZip Code  
90291Purpose of Disbursement  
Campaign Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB547

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10876.40

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

A. Demarse, Kimberly, , ,

Mailing Address 512 Rose Avenue, Unit 223

City  
VeniceState  
CAZip Code  
90291Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0				

FEC Identification Number

C

Transaction ID : EXPB548

Amount of Each Disbursement this Period

4747.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Blvd.

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0				

FEC Identification Number

C

Transaction ID : EDTB158EXP

Amount of Each Disbursement this Period

2645.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Orbitz

Mailing Address 500 W. Madison Street, Suite 1000

City  
ChicagoState  
ILZip Code  
60661Purpose of Disbursement  
Campaign Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0				

FEC Identification Number

C

Transaction ID : EDTB159EXI

Amount of Each Disbursement this Period

2101.69

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4747.21

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Good, Otavio, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	0		

Mailing Address 501 Forest Avenue, Apt. 705

City  
Palo AltoState  
CAZip Code  
94301Purpose of Disbursement  
In-Kind Contribution-Advertisement Web Tools

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : NONB296

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Grassroots Analytics**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

Mailing Address 645 Prospect Hill Road

City  
RutlandState  
VTZip Code  
05701Purpose of Disbursement  
Fundraising Consulting

Candidate Name

003  
Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : EXPB436

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Huffstutler, Hugh Andrew, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	0		

Mailing Address 60 Ridge Road

City  
AshevilleState  
NCZip Code  
28803Purpose of Disbursement  
Digital Consulting

Candidate Name

001  
Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : EXPB565

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

A. Jennings, Nicole, , ,

Mailing Address 1927 3rd Street, NE, Apt. 200

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Campaign Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	8				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB569

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kim, Michael, , ,

Mailing Address 10131 Santa Court

City  
Las VegasState  
NVZip Code  
89147Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	5				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB428

Amount of Each Disbursement this Period

1895.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Quality Inn &amp; Suites Burlington

Mailing Address 3051 Kirkwood Street

City  
BurlingtonState  
IAZip Code  
52601Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	6				2	0	2	0

FEC Identification Number

C

Transaction ID : EXPB618

Amount of Each Disbursement this Period

72.80

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3217.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Quality Inn & Suites Burlington**

Mailing Address 3051 Kirkwood Street

City  
BurlingtonState  
IAZip Code  
52601Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB617

Amount of Each Disbursement this Period

71.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB398

Amount of Each Disbursement this Period

509.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB399

Amount of Each Disbursement this Period

364.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

945.21

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB614

Amount of Each Disbursement this Period

436.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB624

Amount of Each Disbursement this Period

582.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB623

Amount of Each Disbursement this Period

582.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1601.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB620

Amount of Each Disbursement this Period

218.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB621

Amount of Each Disbursement this Period

436.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB619

Amount of Each Disbursement this Period

76.16

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

731.36



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

**A. Quality Inn & Suites Mason City**

Mailing Address 410 5th Street SW

City  
Mason CityState  
IAZip Code  
50401Purpose of Disbursement  
Campaign Travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB622

Amount of Each Disbursement this Period

509.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rodriguez, Brittany, , ,**

Mailing Address 3460 East 61st Street

City  
Long BeachState  
CAZip Code  
90805Purpose of Disbursement  
Event & Logistics Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB542

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sutton Law Firm**

Mailing Address 150 Post Street, Suite 405

City  
San FranciscoState  
CAZip Code  
94108Purpose of Disbursement  
Legal Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB567

Amount of Each Disbursement this Period

1291.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4501.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 151

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Humanity Forward Fund

Full Name (Last, First, Middle Initial)

A. Tom, Keith, , ,

Mailing Address 380 Alabama Street, Apt. 3

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : EXPB544

Amount of Each Disbursement this Period

590.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 6600 N. Military Trail

City  
Boca RatonState  
FLZip Code  
33496Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB97EXPE

Amount of Each Disbursement this Period

388.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples, Inc.

Mailing Address 500 Staples Drive

City  
FraminghamState  
MAZip Code  
01702Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : EDTB96EXPI

Amount of Each Disbursement this Period

202.65

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

590.93

184686.50

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 115 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Card Services Center**Nature of Debt (Purpose):  
Online Ads

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144

Outstanding Balance Beginning This Period

1700.76

Transaction ID : PAYD520

Amount Incurred This Period

0.00

Payment This Period

1700.76

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Card Services Center**Nature of Debt (Purpose):  
Online Ads

Mailing Address 200 Chastain Center Blvd., #200

City  
KennesawState  
GAZip Code  
30144

Outstanding Balance Beginning This Period

1649.12

Transaction ID : PAYD521

Amount Incurred This Period

0.00

Payment This Period

1649.12

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

283.58

Transaction ID : PAYD188

Amount Incurred This Period

0.00

Payment This Period

283.58

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 116 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

333.16

Transaction ID : PAYD189

Amount Incurred This Period

0.00

Payment This Period

333.16

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

340.56

Transaction ID : PAYD195

Amount Incurred This Period

0.00

Payment This Period

340.56

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

397.57

Transaction ID : PAYD233

Amount Incurred This Period

0.00

Payment This Period

397.57

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 117 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

38.85

Transaction ID : PAYD235

Amount Incurred This Period

0.00

Payment This Period

38.85

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Design for Billboard

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

500.00

Transaction ID : PAYD270

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

3264.38

Transaction ID : PAYD301

Amount Incurred This Period

0.00

Payment This Period

3264.38

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 118 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City

Culver City

State

CA

Zip Code

90230

Outstanding Balance Beginning This Period

471.37

Transaction ID : PAYD329

Amount Incurred This Period

0.00

Payment This Period

471.37

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
T-Shirts

Mailing Address 12006 Hammack Street, Apt. C

City

Culver City

State

CA

Zip Code

90230

Outstanding Balance Beginning This Period

450.00

Transaction ID : PAYD330

Amount Incurred This Period

0.00

Payment This Period

450.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City

Culver City

State

CA

Zip Code

90230

Outstanding Balance Beginning This Period

643.89

Transaction ID : PAYD334

Amount Incurred This Period

0.00

Payment This Period

643.89

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 119 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Postcards

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

1022.13

Transaction ID : PAYD335

Amount Incurred This Period

0.00

Payment This Period

1022.13

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

1139.16

Transaction ID : PAYD338

Amount Incurred This Period

0.00

Payment This Period

1139.16

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

631.78

Transaction ID : PAYD363

Amount Incurred This Period

0.00

Payment This Period

631.78

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 120 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

220.08

Transaction ID : PAYD365

Amount Incurred This Period

0.00

Payment This Period

220.08

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Campaign Travel

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD690

Amount Incurred This Period

3561.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

3561.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Campaign Travel

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD652

Amount Incurred This Period

970.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

970.33

1) **SUBTOTALS** This Period This Page (optional)..... ►

4532.17

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 121 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Lawrence, , ,**Nature of Debt (Purpose):  
Subscriptions

Mailing Address 12006 Hammack Street, Apt. C

City  
Culver CityState  
CAZip Code  
90230

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD693

Amount Incurred This Period

198.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

198.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Seth Adam, , ,**Nature of Debt (Purpose):  
Print Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

600.00

Transaction ID : PAYD441

Amount Incurred This Period

0.00

Payment This Period

600.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Seth Adam, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

420.25

Transaction ID : PAYD523

Amount Incurred This Period

0.00

Payment This Period

420.25

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

198.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 122 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Seth Adam, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD526

Amount Incurred This Period

438.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

438.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Seth Adam, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD437

Amount Incurred This Period

469.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

469.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cohen, Seth Adam, , ,**Nature of Debt (Purpose):  
Online Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD438

Amount Incurred This Period

98.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

98.84

1) **SUBTOTALS** This Period This Page (optional)..... ►

1006.98

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 123 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Humanity Forward Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cohen, Seth Adam, , ,

Nature of Debt (Purpose):  
Online Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD487

Amount Incurred This Period

367.82

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cohen, Seth Adam, , ,

Nature of Debt (Purpose):  
Online Ads

Mailing Address 1740 Winona Blvd., #308

City  
Los AngelesState  
CAZip Code  
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD499

Amount Incurred This Period

425.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

425.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Rodriguez, Brittany, , ,

Nature of Debt (Purpose):  
Event & Logistics Consulting

Mailing Address 3460 East 61st Street

City  
Long BeachState  
CAZip Code  
90805

Outstanding Balance Beginning This Period

2700.00

Transaction ID : PAYD541

Amount Incurred This Period

0.00

Payment This Period

2700.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

793.02

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 124 OF 151

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sutton Law Firm**Nature of Debt (Purpose):  
Legal Services

Mailing Address 150 Post Street, Suite 405

City  
San FranciscoState  
CAZip Code  
94108

Outstanding Balance Beginning This Period

1291.80

Transaction ID : PAYD566

Amount Incurred This Period

0.00

Payment This Period

1291.80

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Wu, Lushen, , ,**Nature of Debt (Purpose):  
Campaign Travel

Mailing Address 417 200 2nd Avenue W

City  
SeattleState  
WAZip Code  
98119

Outstanding Balance Beginning This Period

15969.25

Transaction ID : PAYD627

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15969.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

15969.25

2) **TOTALS** This Period (last page this line number only)..... ►

22499.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

22499.42

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 125 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Ashby &amp; Gabriel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 05 / 2020		
Mailing Address 273 Quadrille Plaza Drive, #809			Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>		
City West Palm Beach		State FL	Zip Code 33401		Transaction ID : <b>EDTEALC81</b>
Purpose of Expenditure Digital Marketing - CA, FL, TX, OH			Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 05 / 2020
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">202330.31</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>Blackman, Travis, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Mailing Address 3223 Jennings Street			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Sioux City		State IA	Zip Code 51104		Transaction ID : <b>EDTEALC68</b>
Purpose of Expenditure Research - CA, FL, TX, OH			Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">202330.31</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">1020.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lutz, Kim, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 126 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497       </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Card Services Center</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 29 / 2020</div> </div>	
Mailing Address 200 Chastain Center Blvd., #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1700.76</div>	
City Kennesaw	State GA	Zip Code 30144	<b>Transaction ID : PDTE91</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>02 / 06 / 2020</div> </div>	
Purpose of Expenditure Online Ads - CA, FL, TX, OH			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</div>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2020	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Card Services Center</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 30 / 2020</div> </div>	
Mailing Address 200 Chastain Center Blvd., #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1649.12</div>	
City Kennesaw	State GA	Zip Code 30144	<b>Transaction ID : PDTE92</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>02 / 06 / 2020</div> </div>	
Purpose of Expenditure Online Ads - CA, FL, TX, OH			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</div>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2020	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	3349.88
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 07 / 18 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 127 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Card Services Center</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2020	
Mailing Address 200 Chastain Center Blvd., #200			Amount <span style="border: 1px solid black; padding: 2px;">5364.05</span>	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : <b>EDTEALC171</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 11 / 2020	
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Bizay.com</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2020	
Mailing Address 3500 S. Dupont Highway			Amount <span style="border: 1px solid black; padding: 2px;">2251.52</span>	
City Dover	State DE	Zip Code 19901	Transaction ID : <b>EDTEGALC171173</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 11 / 2020	
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5364.05</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Lutz, Kim, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2020	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 128 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497         </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Flash Marketing Printing &amp; Mailing Solutions</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 5506 E. Washington Blvd.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3112.53</div>	
City Los Angeles	State CA	Zip Code 90040		
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>		
Name of Federal Candidate: Yang, Andrew, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <span style="float: right;">District: _____ State: IA</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Card Services Center</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 200 Chastain Center Blvd., #200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1299.84</div>	
City Kennesaw	State GA	Zip Code 30144		
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>		
Name of Federal Candidate: Yang, Andrew, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <span style="float: right;">District: _____ State: IA</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">1299.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

07

18

2020

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 129 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Bizay.com</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 01 / 2020		
Mailing Address 3500 S. Dupont Highway			Amount <span style="border: 1px solid black; padding: 2px;">1299.84</span>		
City Dover	State DE	Zip Code 19901	Transaction ID : <b>EDTEGALC175174</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 01 / 2020		
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>			
Name of Federal Candidate: Yang, Andrew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Card Services Center</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020		
Mailing Address 200 Chastain Center Blvd., #200			Amount <span style="border: 1px solid black; padding: 2px;">457.96</span>		
City Kennesaw	State GA	Zip Code 30144	Transaction ID : <b>PDTE71</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 06 / 2020		
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>			
Name of Federal Candidate: Yang, Andrew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">457.96</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lutz, Kim, , ,</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 130 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 400px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Card Services Center</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 200 Chastain Center Blvd., #200				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">457.96</div>	
City Kennesaw		State GA		Zip Code 30144	
Purpose of Expenditure Postcards - CA, FL, TX, OH				Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>	
Name of Federal Candidate: Yang, Andrew, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 12006 Hammack Street, Apt. C				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">283.58</div>	
City Culver City		State CA		Zip Code 90230	
Purpose of Expenditure Online Ads - CA, FL, TX, OH				Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>	
Name of Federal Candidate: Yang, Andrew, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; text-align: right;">741.54</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(c) TOTAL</b> Independent Expenditures .....</div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lutz, Kim, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 131 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 12 / 2020	
Mailing Address 12006 Hammack Street, Apt. C				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">333.16</div>	
City Culver City		State CA		Zip Code 90230	
Purpose of Expenditure Online Ads - CA, FL, TX, OH				Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Yang, Andrew, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</span>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 13 / 2020	
Mailing Address 12006 Hammack Street, Apt. C				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">340.56</div>	
City Culver City		State CA		Zip Code 90230	
Purpose of Expenditure Online Ads - CA, FL, TX, OH				Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Yang, Andrew, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</span>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p><b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p><b>(c) TOTAL</b> Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">673.72</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lutz, Kim, , ,</u> <span style="float: right;">[Electronically Filed]</span>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 132 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00712497</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>01 / 14 / 2020</span> </div>	
Mailing Address 12006 Hammack Street, Apt. C				
City Culver City	State CA	Zip Code 90230	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">397.57</div>	
Purpose of Expenditure Online Ads - CA, FL, TX, OH			Transaction ID : PDTE37 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>02 / 07 / 2020</span> </div>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>01 / 15 / 2020</span> </div>	
Mailing Address 12006 Hammack Street, Apt. C				
City Culver City	State CA	Zip Code 90230	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">38.85</div>	
Purpose of Expenditure Online Ads - CA, FL, TX, OH			Transaction ID : PDTE38 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>02 / 07 / 2020</span> </div>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	436.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 07 / 18 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 133 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 17 / 2020	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>	
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE42</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020	
Purpose of Expenditure Design for Billboard - CA, FL, TX, OH			Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 20 / 2020	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">471.37</div>	
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE52</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020	
Purpose of Expenditure Online Ads - CA, FL, TX, OH			Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">971.37</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Lutz, Kim, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 134 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497         </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">643.89</div>	
City Culver City	State CA	Zip Code 90230		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Yang, Andrew, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1022.13</div>	
City Culver City	State CA	Zip Code 90230		
Purpose of Expenditure Postcards - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Yang, Andrew, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	►	1666.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures .....	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

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2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 135 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 23 / 2020		
Mailing Address 12006 Hammack Street, Apt. C			Amount <span style="border: 1px solid black; padding: 2px;">1139.16</span>		
City Culver City	State CA	Zip Code 90230	Transaction ID : PDTE56 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 07 / 2020		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>			
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">202330.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 25 / 2020		
Mailing Address 12006 Hammack Street, Apt. C			Amount <span style="border: 1px solid black; padding: 2px;">631.78</span>		
City Culver City	State CA	Zip Code 90230	Transaction ID : PDTE58 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 07 / 2020		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>			
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">202330.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1770.94</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lutz, Kim, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00712497</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">450.00</div>	
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE53</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure T-Shirts - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: Yang, Andrew, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">220.08</div>	
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE59</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: Yang, Andrew, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; text-align: right;">670.08</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px; text-align: right;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 07 / 18 / 2020

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 137 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>01</span><span>27</span><span>2020</span> </div>		
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3264.38</div>		
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE46</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>02</span><span>07</span><span>2020</span> </div>		
Purpose of Expenditure Online Ads - CA, FL, TX, OH			Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>02</span><span>07</span><span>2020</span> </div>		
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1014.93</div>		
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE70</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>02</span><span>07</span><span>2020</span> </div>		
Purpose of Expenditure Postcards - CA, FL, TX, OH			Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4279.31</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Lutz, Kim, , ,			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>07</span><span>18</span><span>2020</span> </div>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 138 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1515.71</div>	
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : PDTE79</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Purpose of Expenditure Brochures - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 12006 Hammack Street, Apt. C			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000.00</div>	
City Culver City	State CA	Zip Code 90230	<b>Transaction ID : EDTEALC83</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Purpose of Expenditure Campaign Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	13515.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2020	
Mailing Address 1740 Winona Blvd., #308			Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDTE78 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 07 / 2020	
Purpose of Expenditure Print Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2020	
Mailing Address 1740 Winona Blvd., #308			Amount <span style="border: 1px solid black; padding: 2px;">420.25</span>	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDTE94 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 07 / 2020	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1020.25</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Lutz, Kim, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2020	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Seth Adam, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 01 / 2020	
Mailing Address 1740 Winona Blvd., #308			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2453.50</div>	
City Los Angeles	State CA	Zip Code 90027	<b>Transaction ID : PDTE95</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Cohen, Seth Adam, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 02 / 2020	
Mailing Address 1740 Winona Blvd., #308			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2341.81</div>	
City Los Angeles	State CA	Zip Code 90027	<b>Transaction ID : PDTE96</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4795.31</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Lutz, Kim, , ,</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Mailing Address 1740 Winona Blvd., #308			Amount <span style="border: 1px solid black; padding: 2px;">1299.55</span>		
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDTE97		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cohen, Seth Adam, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Mailing Address 1740 Winona Blvd., #308			Amount <span style="border: 1px solid black; padding: 2px;">438.20</span>		
City Los Angeles	State CA	Zip Code 90027	Transaction ID : UPDTE97		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1299.55</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lutz, Kim, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b>			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1740 Winona Blvd., #308			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 05 / 2020		
City Los Angeles	State CA	Zip Code 90027	Amount <span style="border: 1px solid black; padding: 2px;">98.84</span>		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Transaction ID : PDTE75 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 05 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>Cohen, Seth Adam, , ,</b>			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1740 Winona Blvd., #308			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 05 / 2020		
City Los Angeles	State CA	Zip Code 90027	Amount <span style="border: 1px solid black; padding: 2px;">469.94</span>		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Transaction ID : PDTE76 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 04 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lutz, Kim, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b>			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1740 Winona Blvd., #308			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2020		
City Los Angeles	State CA	Zip Code 90027	Amount <input type="text" value="MM,000.00"/> 367.82		
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <input type="text" value="24E"/>	Transaction ID : PDTE80 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM,000.00"/> 202330.31			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>Cohen, Seth Adam, , ,</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1740 Winona Blvd., #308			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2020		
City Los Angeles	State CA	Zip Code 90027	Amount <input type="text" value="MM,000.00"/> 12000.00		
Purpose of Expenditure Campaign Consulting - CA, FL, TX, OH		Category/ Type <input type="text" value="24E"/>	Transaction ID : EDTEALC82 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 02 / 07 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM,000.00"/> 202330.31			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="MM,000.00"/> 12000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="MM,000.00"/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value="MM,000.00"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lutz, Kim, , , Signature			Date <input type="text" value="MM/DD/YYYY"/> 07 / 18 / 2020 [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 08 / 2020	
Mailing Address 1740 Winona Blvd., #308			Amount <span style="border: 1px solid black; padding: 2px;">684.89</span>	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDTE83 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 07 / 2020	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">202330.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Cohen, Seth Adam, , ,</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 09 / 2020	
Mailing Address 1740 Winona Blvd., #308			Amount <span style="border: 1px solid black; padding: 2px;">425.20</span>	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDTE81 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 09 / 2020	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		
Name of Federal Candidate: Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">202330.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">684.89</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Lutz, Kim, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00712497</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Elgert, Erick, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address    3700 28th Street, Space 321			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City Sioux City	State IA	Zip Code 51105	<b>Transaction ID : EDTEALC69</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Research - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Yang, Andrew, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: _____  <input checked="" type="checkbox"/> President    <input type="checkbox"/> Senate    State: <u>IA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Gray, Jason, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address    210 NE Trilein Drive, Apt. 6			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City Ankeny	State IA	Zip Code 50021	<b>Transaction ID : EDTEALC70</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Research - CA, FL, TX, OH		Category/ Type <div style="border: 1px solid black; padding: 2px;">24E</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Yang, Andrew, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: _____  <input checked="" type="checkbox"/> President    <input type="checkbox"/> Senate    State: <u>IA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lutz, Kim, , ,</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 146 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00712497</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Kayani, Hira, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1520 SW Expressway, Apt. 29</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>	
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95126</b>		
Purpose of Expenditure <b>Consulting for Communications - CA, FL, TX, OH</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	Transaction ID : <b>EDTEALC80</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Yang, Andrew, , ,</b> <div style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Kea, Brandon, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>204 Elmwood Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City <b>Council Bluffs</b>	State <b>IA</b>	Zip Code <b>51503</b>		
Purpose of Expenditure <b>Research - CA, FL, TX, OH</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	Transaction ID : <b>EDTEALC71</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Yang, Andrew, , ,</b> <div style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	►	3020.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures .....	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 147 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Laub, Mitch, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2020		
Mailing Address 116 High Street, SW, Apt. 1C			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Mitchellville		State IA	Zip Code 50169		Transaction ID : <b>EDTEALC78</b>
Purpose of Expenditure Research - CA, FL, TX, OH			Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2020
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">202330.31</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Londre, Andrew, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2020		
Mailing Address W4959 Woodhaven Drive			Amount <span style="border: 1px solid black; padding: 2px;">8000.00</span>		
City La Crosse		State WI	Zip Code 54601		Transaction ID : <b>EDTEALC84</b>
Purpose of Expenditure Consulting for Communications - CA, FL, TX, OH			Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 10 / 2020
Name of Federal Candidate: Yang, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">202330.31</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">8020.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lutz, Kim, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2020		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 148 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>McNeish, Elijah, ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Mailing Address 822 14th Street, SE			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Cedar Rapids	State IA	Zip Code 52403	Transaction ID : <b>EDTEALC79</b>		
Purpose of Expenditure Research - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Nash, Mark, , ,</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Mailing Address 3219 SW 12th Place			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Des Moines	State IA	Zip Code 50315	Transaction ID : <b>EDTEALC77</b>		
Purpose of Expenditure Research - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 02 / 03 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">202330.31</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">40.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lutz, Kim, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 149 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Putnam, Dan, , ,</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2020		
Mailing Address 124 W. 9th Street			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Cedar Falls	State IA	Zip Code 50613	Transaction ID : <b>EDTEALC76</b>		
Purpose of Expenditure Research - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">202330.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rasler, Shawn, , ,</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2020		
Mailing Address 2015 W. 68th Street			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Davenport	State IA	Zip Code 52806	Transaction ID : <b>EDTEALC75</b>		
Purpose of Expenditure Research - CA, FL, TX, OH		Category/ Type <span style="border: 1px solid black; padding: 2px;">24E</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2020		
Name of Federal Candidate: Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">202330.31</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">40.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Lutz, Kim, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 150 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00712497         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rosewall, Kenneth, , ,</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 03 / 2020         </div>	
Mailing Address 3223 Jennings Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           20.00         </div>	
City Sioux City	State IA	Zip Code 51104	<b>Transaction ID : EDTEALC74</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 03 / 2020         </div>
Purpose of Expenditure Research - CA, FL, TX, OH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           202330.31         </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           202330.31         </div>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rosewall, Nichole, , ,</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 03 / 2020         </div>	
Mailing Address 3223 Jennings Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           20.00         </div>	
City Sioux City	State IA	Zip Code 51104	<b>Transaction ID : EDTEALC73</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            02 / 03 / 2020         </div>
Purpose of Expenditure Research - CA, FL, TX, OH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           202330.31         </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           202330.31         </div>	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           40.00         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           40.00         </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , , [Electronically Filed]  
 Signature Date 

M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2020

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 151 OF 151  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00712497</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>				
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Tarr, Georgina, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>Gurteen House, Gurteen Brandon</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6000.00</div>	
City <b>Cork, Irland</b>	State <b>UK</b>	Zip Code <b>72962</b>	<b>Transaction ID : PDTE84</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure <b>Field Expense - CA, FL, TX, OH</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>	<div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>Yang, Andrew, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Wahl, Doug, , ,</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>208 Iowa Avenue</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City <b>Fairfield</b>	State <b>IA</b>	Zip Code <b>52556</b>	<b>Transaction ID : EDTEALC72</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure <b>Research - CA, FL, TX, OH</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>	<div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>Yang, Andrew, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">202330.31</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">6020.00</div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">73236.84</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Lutz, Kim, , ,</u>			Date <span style="margin-left: 20px;">MM / DD / YYYY</span>	
[Electronically Filed]			<div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	